

ATTENDEES:

(P) Geoff Ritchie	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Michael Torrance
(P) Pardeep Singh Gill	(P) David Charron	(P) Stuart Johnston	(P) Dr. Frank Martino
(P) Dr. Naveed Mohammad	(P) Tiziana Rivera	(P) Dr. Victor Rajkotwala	(P) Dr. Ioana Ciric
(P) Brenda Bushey (Resource)			

Florine Lobo	Dr. Rardi van Heest	Cara Francis	Mary Jane McNally
Gurwinder Gill	Kiki Ferrari		

1.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. No declarations of conflict were made. The Ethical Decision Making Framework was included in the package as a reference.

MOVED, seconded

That the agenda be approved - CARRIED

1.1 CHAIR'S REPORT

The Chair provided an update on the various activities that have recently taken place in the last few weeks. Osler has been invited to address the Brampton City Council on November 3rd to discuss a potential levy to support the Peel Phase II development and Osler's Cancer Centre. Further information will be shared during the CEO's update.

The Capital Asset Development Funding Working Group did not meet in October. A series of stakeholder meetings have been ongoing regarding the capacity for fundraising.

Board members were thanked for participating in Monday's Accreditation Survey. Tiziana Rivera was asked to provide a further update on the comments received from the Surveyors.

The following comments were provided:

- *Well organized and executed*
- *Osler has a great deal to be proud of in spite of the pandemic*
- *Community partners described Osler as collaborative, supportive, engaged, present in community and forward thinkers; communication from organization has significantly improved; CEO and SLT are very well connected; CEO's presence is visible*
- *Observed highly functional team*
- *Very impressed with the Board*
- *Additional comments/recommendations were provided in the following four areas:*
 - *Privacy Officer – FIPPA legislation requires the designation of a Chief Privacy Officer; it was suggested that the Chair designate the role of the CPO to a member of the executive team and not the CEO to avoid any potential conflicts of interest.*
 - *Medication reconciliation on discharge did not meet the test for compliance as a tracer still needs to be conducted in May– this metric is currently included in the Quality Improvement Plan;*
 - *Although most impressed how the voice of the patient is being integrated, it was recommended that a patient partner be included on the Health Services & Quality Committee of the Board*
 - *It was recommended that the Board introduce a mentorship program for new members.*

Q: *Who is included in the community partner group?*

A: Community partners include groups who would have normal business with Osler from a health provider perspective. Including but not limited to: emergency services, care partners, primary care physicians, OHT partners, Mental Health partners.

Q: *From the surveyor's perspective, what would the definition of a patient be, as part of the perspective from the Board members is personal experience with the hospital?*

A: The definition of a patient in this instance is that their primary focus on the Board is solely the patient's perspective. Board members have a governance obligation and make decisions in a broader perspective considering other governance factors.

2.0 LIVING THE VISION

Kulvir Singh Gill provided the *Living the Vision* segment which was focused on Osler's Patient Family Advisory Council (PFAC). The goal of PFAC is to advance the patient/family experience within the hospital and along the continuum of care. Osler's PFAC consists of 34 members from the community. Each meeting begins with a community reflection followed by specific agenda items identified by the group and vetted by the Patient Experience Officer. The following observations were provided:

- members are committed supporters of Osler;
- members are diverse in culture, age, geography, gender and tenure;
- members are engaged, ask detailed questions, provide their observations and suggestions.

Q: *Is attendance at PFAC open to the public; who participates at these meetings?*

PFAC is not open to the public. The members are selected through a comprehensive recruitment process.

Q: *How do they get their stories?*

A: Members of PFAC receive community input and share their stories from the patient's perspective.

Q: *Is there a need to raise their profile in the community?*

A: This suggestion was welcomed as a good opportunity.

Q: *Who sets the agenda?*

A: The agenda is set by the members of PFAC and managed by the Patient Experience Officer.

Q: *Are summaries of PFAC meetings formally introduced at Health Services & Quality?*

A: Going forward, information will be shared with Health Services & Quality Committee on a regular basis as part of the Patient Experience report.

3.0 CONSENT AGENDA

One motion is required to approve all items included in the Consent Agenda. Any of the items contained within the Consent Agenda may be placed on the regular agenda for discussion. A summary of the motions are contained within the Consent Agenda.

The following items are included within the Consent Agenda for approval:

- CA 3.1 Board Minutes: *September 29/21*
- CA 3.2 MAC Minutes: *October 13/21*
- CA 3.3 Governance & Human Resources Committee Minutes: *October 7/21*
- CA 3.4 Health Services & Quality Committee Minutes: *October 6/21*

The following changes were made to the Chair's Report for Resources & Audit (4.1c) – page 7 of minutes:

- [REDACTED] deficit has been reported at the end of Q1

[REDACTED] Management has advised that a third party consultant firm will be engaged to provide assistance with [REDACTED]

Page 20 (MAC October 13 minutes):

- A request to remove the last sentence within the clinical operational reviews update was made.

Clarification was sought regarding the term PolicyStat. PolicyStat is a centralized portal that contains all internal policies. Subject matter experts are provided with an opportunity to provide feedback to policies that fall within their scope of responsibilities including suggesting revisions and providing approval.

MOVED, seconded

That the items listed within the Consent Agenda be approved with the revisions as noted – CARRIED.

4.0 BUSINESS ARISING

4.1a CHAIR'S REPORT: Governance & Human Resources Committee

A report was provided by the Chair of the Governance & Human Resources Committee which summarized the discussions from the October 7, 2021 meeting. The meeting focused on three specific areas: accreditation, enterprise risk management and Board succession planning.

The Committee has been focused on the Board's succession planning. In early spring, members were asked to identify their interests on the Board; profile cards were created; term limits were discussed, and potential slates based on the current terms of office were created for discussion. Based on these conversations two changes are being recommended at this time:

TERMS OF OFFICE

A recommendation to increase the maximum term to 8 years (4x2 year terms) was proposed. A review of 17 peer organizations was surveyed. Results indicated that most organizations have continued with a 9 year tenure (3x3 years). If agreement is reached to increase the term, a process will be developed and a motion will be brought forward to revise the existing language within the bylaw. The current model of a 6-year term does not allow for a comprehensive run rate or the opportunity to gain required experience prior to stepping into the role of Chair.

PROGRESSION LADDER

The guidelines for election of members (including terms) is outlined in the bylaws. The Governance & Human Resources Committee is responsible for proposing a slate for new and/or re-elected members which is approved by the Board and ratified at the Annual General Meeting (AGM). The slate of officers is proposed at the first meeting of the new Board post AGM.

A proposed succession ladder was presented for discussion that included the tenure and recommended positions for that term. The framework was designed to guide the Board's discussion.

Q: A longer runway for development and succession was supported in principle, however, a question was raised if consideration should be given to introduce the new terms retroactively (i.e. add to existing terms) or apply to newly elected members only.

It was suggested that the Board consider staggering the terms in order to ensure appropriate rotation.

Q: There is agreement with respect to the extension of terms, however, is the framework flexible as it may be difficult to include multiple persons for each proposed position, and not everyone may want to be Chair.

A: The proposed framework was meant for guidance only and is flexible depending on the needs and desires of the Board.

The bylaws allow for the provision of one or two Vice Chairs to be appointed each year. The Committee discussed and it was suggested that both positions should be retained at this time. The number of appointees for this position can be determined on an annual basis.

It is important that a set of experiences be identified for the various roles. The framework would be applied in the event that two candidates applied for the same position with the same experience. In the event that a person came onto the Board with exceptional experience, they may not be required to fulfill each step, whereas, all proposed steps may be recommended for another new member. The experience that comes with serving as a member, committee chair and subsequently officer was stressed, however, there would be flexibility when considering the proposed slate of members.

It was noted that traditionally, the Treasurer has also served as the Chair of Resources & Audit Committee. The bylaws allow for consideration of this position being filled by the CFO if required or desired.

Following discussion, it was agreed that the Board should consider extending the existing term limits to a maximum of 8 years. The Committee will take the feedback provided and return with a proposed model for succession.

4.1b CHAIR'S REPORT: Health Services & Quality Committee (HSQC)

A report was provided by the Chair of the HSQC which reflected the discussions from the October 6, 2021 meeting. The discussion focused on the following items: monthly updates, clinical priorities plan refresh, Q1 critical incident report, enterprise risk management and redevelopment update.

The clinical priorities plan refresh was brought forward for discussion. A copy of the briefing note and presentation provided to the committee was provided to the full board for information. An outline of the additions to the clinical priorities plan was included on page 37 of the package. A progress update will be shared with the HSQC in March.

5.0 NEW BUSINESS

5.1 REPORT OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER

A written report was provided for information. The following highlights were provided.

- The Laboratory recently underwent an accreditation of the department. The results were outstanding. The assessment included 1700 requirements of which, only 17 received minor non-conformances. The Accreditors provided very positive feedback citing the team's commitment to quality.
- Similarly, Accreditation Canada awarded Osler's Echo Lab with Echocardiography Quality Improvement Program Certificates.
- Osler has shifted its performance for limb amputations from one of the lowest in the region to the top of the province (sitting at #2). This shift in performance is a testament to the work exhibited by Osler's Endovascular Program.
- An update regarding the mandatory vaccination policy was provided. The number of noncompliant staff and physicians continue to decrease. November 7 is the deadline by which staff, physicians, volunteers and third party contractors must be fully vaccinated. Six staff members at UHN have asked for an injunction; the hearing is scheduled for tomorrow. It was noted that one lawyer has reached out to a number of hospitals offering services to represent staff for an injunction. A mandatory visitor policy has also been implemented.
- The CEO shared a story regarding a patient's virtual visitation experience where an oncology patient was able to connect with her daughter that she had not seen since 2019 due to COVID. The daughter lives outside of the country and as a result of travel restrictions was prohibited from making the trip. The virtual visitation team learned of this situation and made arrangements for a virtual visit. The patient and daughter were very pleased and thanked the team for the great service and opportunity to connect.
- The Urgent Care Centre at Peel is set to open on December 6. The initial hours of operation will be from 1:00-7:00 PM, with a plan to shift to full hours of operation (8:00 a.m. – 9:00 PM) in the New Year. Plans are in the works to shift to a full 24/7 operation. As a result of the reopening of the UCC, the Fracture Clinic will be relocated back to Brampton Civic.
- A meeting was held with Dr. Howard Ovens to discuss the possibility of designating an Emergency Department at Peel. At this stage, there does not seem to be any significant issues as long as the funding is provided to support this direction. A meeting will be arranged with Susan deRyk, CEO of the Central Region to discuss this further.

As mentioned in the Chair's report, efforts are underway to advance discussions pertaining to municipal funding for Osler's priority projects. An update was provided to the Brampton City Council in September. The next delegation is scheduled on November 3rd at which time the team will request a municipal contribution towards local share requirements. Geoff Ritchie and Pardeep Singh Gill will join members of the management team for this delegation.

A new sign unveiling will take place on November 10 at Peel Memorial to commemorate Phase II. The date was shifted from November 4 as Premier Davis' memorial is scheduled on that day. More information will follow.

A number of meetings have taken place with the CEO and returning Members of Parliament (MP) this month, including Ruby Sahota (Brampton North), Sonia Sidhu (Brampton South), and Maninder Sidhu (Brampton East). Discussions included an update on Osler's COVID-19 response and recovery, Phase II of Peel Memorial and Osler's cancer care centre proposal, as well as MP insights on upcoming federal government priorities. Yesterday, Brampton West MP, Kamal Khera, was appointed as Minister of Seniors. Congratulations have been extended and will be followed up with a more formal letter from Osler.

Dr. Mohammad reflected on his last 19 months in office since being appointed as President & CEO. Thanks were extended to the team and Board for their support.

Q: Since the transition from LHINs to OHTs, what are some of the lessons learned, opportunities and risks?

A: Additional information will be shared at a future meeting. There are a number of key members from Osler who actively participate on the OHT. From the beginning, Osler has chosen to lead from behind and encourage community partners to step out front. To date, it has been a very positive experience.

Q: A question was related to the unvaccinated employees, post November 7. What areas will be impacted?

A: The policy on its own will not impact staffing significantly, but existing staffing pressures are being felt in ED, Surgery and ICU and leaders are currently working through mitigation strategies. Although COVID has created an HHR issue, the struggle of understaffing has been an issue at Osler for a number of years. ED has a plan in place which may include closing various sections on the days when there is not sufficient staffing. Other mitigating strategies include looking at nontraditional methods of delivering services. Further developments will be communicated with the Board as necessary.

Q: For those individuals who have medical exemptions, is there an obligation by Osler to disclose their vaccination status to patients?

A: No, Osler is not permitted to disclose personal health information. Staff who receive medical exemptions will be required to conduct rapid tests every 72 hours.

5.2 REPORT OF THE CHIEF OF STAFF

A written report was provided for information. The following highlights were provided.

- A leaders' forum was held earlier today; some of the items presented today will be shared with the professional staff during the upcoming Corporate PSA meeting
- Dr. Brian Klar, Corporate Chief Family Medicine, was awarded the *Bright Lights Awards* from the Association of Family Health Teams of Ontario; in addition, Dr. Shane Teper, Deputy Chief Family Medicine, received the *Leader for a Healthy Ontario Award – System Changers*, from the Ontario College of Family Physicians.

- A new initiative entitled "stone in shoe" has been introduced to the Corporate Chiefs and physician leaders by Steve Hall as an opportunity to identify issues with IT systems that can be easily addressed to ease day-to-day activities. This strategy will help to improve overall engagement and satisfaction and will hopefully produce early returns and problem resolutions.

6.0 NEW BUSINESS – EDUCATION SESSION

Cara Francis, Mary Jane McNally and Gurwinder Gill joined the meeting for a presentation regarding Osler's eponym.

Currently, many organizations are taking steps to review their eponym which is defined as a person, place or thing after whom or which someone or something is, or is believed to be, named. Recently, information has come to the forefront that would suggest Sir William Osler's views may have been discriminatory and his commentary may be perceived as racist, sexist, anti-Indigenous and ageist in nature. There has also been increased public attention about his legacy both in the media and in academic, medical and health equity and inclusion circles. As such, an environmental scan is

currently underway to explore the steps organizations are taking related to reviewing their eponym and/or making a name change. The objective is to glean insights around the processes, lessons learned and considerations of other organizations that could inform the eponym work at Osler. A full report is expected in late November which will help inform the work of an external and neutral consultant that will be secured to lead Osler's stakeholder consultation plan.



Additional information will be shared as progress continues.

7.0 ADJOURNMENT

MOVED, Seconded

That the meeting be adjourned – CARRIED